

2855

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Silber et al.
Appl. No.: 09/980,702
Filed: May 13, 2002
Title: METHOD FOR NON-INVASIVE MEASUREMENT OF AN INTERNAL PRESSURE
Art Unit: 2855
Examiner: Jermaine L. Jenkins
Docket No.: DI-5790L US (112713-187)

Mail Stop Non Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir:

I hereby certify that the following documents relating to the above-identified application:

1. Transmittal Letter (1 page in duplicate);
2. Response (11 pages including enclosures); and
3. Return Receipt Postcard).

are being deposited with the United States Postal Service with sufficient postage as First

Class Mail in an envelope addressed to:

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on December 9, 2003.



Respectfully submitted,

BELL, BOYD & LLOYD LLC

Renee Street

Name of Person Mailing Correspondence

Signature

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. DI-5907L US (112713-187)		
Applicant(s):					
Serial No. 09/980,702	Filing Date May 13, 2002	Examiner Jermaine L. Jenkins	Group Art Unit 2855		
Invention: METHOD FOR NON-INVASIVE MEASUREMENT OF AN INTERNAL PRESSURE					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"><div><p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p><p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p><p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p><p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 02-1818</p><p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p><p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p></div><div style="text-align: right;"><div style="border: 1px solid black; padding: 5px; transform: rotate(90deg); transform-origin: center;">RECEIVED DEC 17 2003 TECHNOLOGY CENTER 2800</div><p>Dated: December 9, 2003</p></div></div>					
<div style="display: flex; justify-content: space-between;"><div><p> _____ <i>Signature</i></p><p>R bert W. Connors Reg. No. 46,639 BELL, BOYD & LLOYD LLC P.O. Box 1135 Chicago, IL 60690-1135 (312) 807-4214</p></div><div style="border: 1px solid black; padding: 5px; width: 30%; text-align: center;"><p>I certify that this document and fee is being deposited on Dec. 9, 2003 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p> _____ <i>Signature of Person Mailing Correspondence</i></p><p>Renee Street _____ <i>Typed or Printed Name of Person Mailing Correspondence</i></p></div></div>					
cc:					